

COMBINED REIMBURSEMENT FORM INSTRUCTIONS**Purpose**

At the beginning of each Fiscal Year (FY) or contract period the OAG provides each grantee a Combined Reimbursement Form, in Excel. This form has the grantees approved categorical and overall budget for that FY. This form has four tabs, consisting of 1) Invoice, 2) Financial Status Report (FSR) State Funds, 3) Salary and Match Detail, and 4) Financial Status Report (FSR) Staff Development Funds. The grantee shall complete the tabs using the instructions below with the OAG approved detailed budget as a guide. The Combined Reimbursement Form shall be submitted monthly in accordance with the instructions below.

Reimbursement Process

Complete each of the four tabs in the Combined Reimbursement form and mail hard copies to the address provided on the Invoice form to be reimbursed for grant related expenses. **Do not** submit the Combined Reimbursement form electronically.

Due Date and Reimbursement Requirements

The Invoice and the three supporting monthly reports, the FSR State, Salary and Match Detail and FSR Staff Development forms must be **received by GAD no later than** 20 calendar days after the end of the month being reported. For example, February 20 is the deadline for GAD to receive the January 2010 invoice and reports. **Even if you had no grant expenses and/or activity for a given month, you must submit an Invoice showing \$0** and an FSR showing zero activity to satisfy the reporting requirement.

No Invoice will be paid by the OAG without the three accompanying monthly reports attached.

**TAB 1 Invoice
INVOICE INSTRUCTIONS**

- **Date of Invoice:** Enter the date the Invoice is mailed; use the format mm-yyyy.
- **Invoice Number:** If your agency has an invoice numbering system, include an assigned number in this space (Optional).
- **Texas TIN:** The 14-digit number issued by the State of Texas Comptroller's Office or any direct deposit 14-digit number the organization may have with any state agency. Please use the number for electronic deposit with the State.
 - For new grantees, please use the following link to request a 14-digit number from the Comptrollers Office: <http://www.window.state.tx.us/taxinfo/taxforms/ap-152.pdf>
 - Direct deposit forms are available from the OAG or you may download the form at: <http://www.window.state.tx.us/taxinfo/taxforms/74-158.pdf>
- **Organization Information:** Provide the organization's name as listed on the OAG grant contract. Include the organization's mailing address; city name; state initials; and zip code.
- **Contact Person's Information:** All contact information for the person *preparing* the form must be included. The signatory of the Invoice cannot be the same person who prepared the form. Please include contact person's full name; title; email address; and telephone number.
- **Month of Service:** Enter month and year the expenditures were paid for services delivered, use the format mm-yyyy (the cell format will automatically convert this number, i.e. 06-2010 will be converted to display Jun-10).
- **Amount of Claim:** Enter the total grant expenditures paid for the date of service listed. The total invoice amount should match the total expenditures for the month claimed.

- **Signature of Authorized Official:** Authorized Official is the individual given the authority to sign all grant adjustment requests, inventory reports, progress reports and financial reports or any other official documents related to the grant on behalf of the grantee.
 - To designate another person to sign the Invoice, please submit a request on agency letterhead signed by the Authorized Official.

TAB 2 - State FSR FINANCIAL STATUS REPORT (FSR) INSTRUCTIONS

The FSR is the supporting documentation to the Invoice Form. The OAG Accounting Division will not pay any Invoice without the attached FSRs. The FSR will also be used as a quarterly and end-of-year financial report. Complete all information to ensure prompt payment:

- **Columns by Month:** Enter the **ACTUAL** expenditures charged to the grant/project for the month being reported.
 - Total monthly expenditures must equal the amount reported in the Amount of Claim box on the Invoice.
 - The FSR auto-calculates cumulative totals and remaining balances in the Year-to-Date Financial Information box. These percentages and totals may be useful as a management tool.
 - **Note:** *The 10% of your Total FY 2010 Approved Budget auto-calculates. This amount will be helpful if budget adjustments are needed during the contract period*
 - **Important Information – changes to the FSR are not allowed for any month that has previously been submitted for reimbursement. Corrections or changes for prior months shall be made in the current month and noted in the preparer's comments. The FSR is a record of reimbursement, and must reflect actual dollars paid. Contact the Grant Manager if any corrections to the FSR are necessary.**
- **Budget Adjustment or 10% Budget Modification Section:** Includes (1) Original Contract Budget, (2) Increase or Decrease, and (3) FY 2010 Operating Budget columns.
 - Original Contract Budget – is the grant award amount approved by the OAG. This column is completed by the OAG and is password protected.
 - Increase or Decrease – this column will reflect any budget adjustment(s) or 10% modification(s) made during the year. An adjusted FSR will be sent to the grantee, once the OAG approves your organization's request.
 - FY 2010 Operating Budget – is the difference between the Original Contract Budget column and the Increase or Decrease column. The amount from this column is linked to the FY 2010 Approved Budget column found on the left side of the FSR next to the Budget Category column.

Preparer's Comments: Use this section to communicate relevant information related to a significant expense during any given month. *The preparer must also enter comments explaining any negative balances and indicate how and when they will be corrected.*

TAB 3 – Salary & Match Detail SALARY AND MATCH DETAIL REPORT INSTRUCTIONS

The Salary and Match Detail Report is the monthly supporting documentation to the FSR. The OAG Accounting Division will not pay any Invoice without the attached Salary and Match Detail Report. Please fill in all fields, (organization name and contract number are auto-filled from Tab 1 - Invoice).

- **Month of Service:** Enter month and year the expenditures were paid for services

delivered, use the format mm-yyyy (the cell will automatically convert this number, i.e. 06-2010 will be converted to display Jun-10).

- **Position Currently Filled:** Enter a “Y” to indicate the position is currently filled or “N” if the position is vacant. Hours worked on the grant should match the number of hours reflected on the employee(s) time sheet. Enter the amount requested for reimbursement for each position. The total amount requested must equal the amount of salary requested in the FSR for the month of service. All expenditures reported for salary must meet Office of Management and Budget (OMB) and Uniform Grant Management Standard (UGMS) cost principles.
- **Match Detail:** If required for your grant, enter the title of the line item expenditure(s) and the amount(s) for the month of service. The total amount requested must equal the amount of Actual Monthly Match reported in the FSR. All expenditures reported for match must meet OMB and UGMS cost principles.

INVOICE, FSR's, and SALARY AND MATCH DETAIL REPORT SUBMISSION

Number of Copies

Prepare an original for the OAG and retain one copy for your financial records. Only forms with an original signature can be paid, do not send copies. **Faxed and e-mailed forms will NOT be accepted**, unless specifically requested by the OAG.

Retention

Detailed supporting documentation for this form must be kept for four years or longer in accordance with UGMS. Detailed supporting documentation includes but is not limited to: timesheets, payroll records, travel invoices, contractual invoices. All supporting documentation must be available upon request of the OAG or OAG's designee.

Transmittal

The Invoice, FSR's and Salary and Match Detail Report must be mailed to:

Office of the Attorney General
Grants Administration Division – MC 005
P.O. Box 12548
Austin, TX 78711-2548

Corrections/Questions

If you have any questions, or discover an error after sending in the reimbursement request, immediately contact your grant manager or one of us for assistance.

For SAPCS Federal the financial contacts are:

Pinni Warner
Financial Specialist
(512) 936-6397
pinni.warner@oag.state.tx.us

Zulay A. Sanchez, CGFM
Financial Manager
(512) 936-1688
zulay.sanchez@oag.state.tx.us